KANSAS STATE BOARD OF MORTUARY ARTS 700 SW JACKSON ST., SUITE 904 TOPEKA, KANSAS 66603-3733

Telephone: (785) 296-3980

Web site: http://www.Kansas.gov/ksbma/

email: boma1@ksbma.ks.gov

For Board Use Only: Date Mailed Out:
#
Date Received:

AFFIDAVIT AND COMPLAINT

I,	, residing at(Street Address)			
<i>'</i> -	(Name of Complainant) (Street Address)	_		
	(City) (State) of lawful age and being first duly sworr	ı states:		
1.	I wish to file this Affidavit and Complaint with the Kansas State Board of Mortuary Arts against	· ·		
lice	censee(s):			
	neral home:			
2.	2. That the date of the alleged incident(s) is on or about:			
	Have you complained to the licensee? Yes No yes, when (date):			
	ow? telephone letter other (please specify)			
4.	. Did the licensee respond to your concerns? Yes No			
5.	. Have you complained to any other organization? Yes No			
lf y	yes, to whom:			
When (date): Please include copies of any information.				
How? telephone letter other (please specify)				
6.	Did they take any actions? Yes No			
lf y	yes, what action was taken:			
7.	The facts on which the complaint is based are as follows (feel free to attach all information and	d copies		
of	f documents such as bills, correspondence, obituary notices, death certificates):			

Please attach any additional pages or appropriate in	formation as they will be incorporated by reference. It
would be helpful to include a daytime telephone nun	nber that you can be reached: ()
Home telephone number: ()	Cell telephone number: ()
Email address:	
PLEASE ATTACH COPIES OF RELATED	DOCUMENTS. DO NOT SEND ORIGINALS .
PLEASE NOTE that the more information provided, investigative process.	the better questions can be asked during the
Would you be willing to testify in an administrative h	earing regarding this matter? Yes No
I have read the foregoing Affidavit and Complaint ar true and correct to the best of my knowledge, inform	
Date	Signature of Complainant

Amended: Thursday, April 27, 2006

Web Site Application